

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
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42		/				
43		/				
44		/				
45		/				
46		/				
47	/					
48		/				
49		/				
50		/				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53	/					
54		/				
55		/				
56		/				
57		/				
58		/				
59		/				
60		/				
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62	/					
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89		/				
90		/				
91		/				
92		/				
93		/				
94		/				
95		/				
96		/				
97		/				
98	/					
99		/				
100						
TOTAL IND.	11	↓		↓		↓
TOTAL DEP.	88	←		←		←
TOTAL CLAIMS	99					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS